



# Open Enrollment Update

The Outreach and Sales Distribution Services Team

January 28, 2016

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# AGENDA

January 28, 2016

- 1. Open Enrollment Update**
- 2. Cross the Finish Line**
- 3. 1095-A Overview**
- 4. Taxpayer Identification Number Review**
- 5. Q&A**



# OPEN ENROLLMENT UPDATE

**MORE THAN**  
**50,000**  
**JAN 1 ENROLLMENTS**  
**COMPARED TO LAST YEAR**



# OPEN ENROLLMENT UPDATE

**+120,000**

New and renewing  
Covered California  
members have signed  
up for dental coverage



# CROSS THE FINISH LINE

Help Consumers  
**Cross the  
Finish Line**

by Feb. 6, 2016

[See Tool Kit](#)



**COVERED  
CALIFORNIA**

# Qualifying Life Event

[Learn More](#) ⓘ

## APPLICATION SIGNATURE

Please read the following information. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

### Special Enrollment

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers.

Do any of the following qualifying life events or situations apply to you? \* ⓘ

[Click here](#) for more information about qualifying life events.

This application qualifies for Special Enrollment as a result of a qualifying life event. \*

Coverage Date Category \*

Enter today's date or the date of your qualifying life event if you have one \* ⓘ

Special Enrollment Expiry Date \*

Select One

- Lost or will soon lose my health insurance
- Permanently moved to/within California
- Had a baby or adopted a child
- Got married or entered into domestic partnership
- Returned from active duty military service
- Released from jail or prison
- Gained citizenship/lawful presence
- Federally Recognized American Indian/Alaska Native
- Other qualifying life event
- None of the above (Continue to review my application for Medi-Cal/AIM)

ⓘ

ⓘ

# CROSS THE FINISH LINE

- Open Enrollment ends January 31, 2016
- Consumers that apply after Open Enrollment need a Qualifying Life Event
- Covered California is committed to helping people across the finish line





**Agents and CECs may assist all consumers that seek their help to complete enrollment**

Consumers who receive assistance submitting their application and select a plan by the February 6th deadline will receive a **March 1, 2016** coverage effective date.

# CROSS THE FINISH LINE


February 1 - 6, 2016




- **Certified Insurance Agents** have the ability to complete special enrollment applications from February 1 to February 6
- Agents will use the **Cross the Finish Line Job Aid** available in the Toolkit

# CROSS THE FINISH LINE

February 1 - 6, 2016



**2016 Cross the Finish Line Quick Sheet**  
 Certified Insurance Agents


**2016 Cross the Finish Line**  
 Certified Insurance Agents Job Aid

**Help Consumers "Cross the Finish Line"**

Covered California will allow Certified Insurance Agents to assist consumers in completing special enrollment applications from February 1st to February 6th, 11:59 p.m.

- From Feb 1st, 2016 until the next Open Enrollment period, consumers may only enroll in a plan or change their current plan if they experience a **Qualifying Life Event** that triggers a **Special Enrollment**.
- Certified Insurance Agents** have the ability to assist consumers in completing special enrollment applications from February 1st to February 6th.
  - Certified Insurance Agents must follow the **Job Aid** to help consumers submit their applications.
- Agents may assist all consumers that seek to complete their special enrollment applications on their own or on behalf of a consumer prior to January 31.
- Consumer Service Center Hours:
  - Saturday, January 30 – 8 am to 6 p.m.
  - Sunday, January 31 – 8 am to 12 p.m.
  - Saturday, February 6 – 8 am to 6 p.m.
- CEC/PBE Helpline Hours:
  - Saturday, January 30 – 8 am to 5 p.m.
  - Sunday, January 31 – 8 am to 5 p.m.


**2016 Cross the Finish Line Toolkit**

During the final week of Open Enrollment a high number of consumers will attempt to get assistance with enrollment, but will not be able to get enrolled in time. In the face of **stiffer penalties** this year, Covered California is committed to helping all consumers who attempted to find help cross the enrollment finish line.

**Click the following links to access resources with more detailed information regarding Cross the Finish Line:**

**Certified Insurance Agents**

Between February 1 and February 6 consumers may seek assistance from Certified Insurance Agents to complete their Open Enrollment application. Agents will have the ability to complete and submit consumer applications for coverage effective March 1, 2016:

- [Quick Sheet](#)
- [Job Aid](#)

**Certified Enrollers**

Between February 1 and February 6 consumers can seek assistance from Certified Enrollers to complete their Open Enrollment application:

- [Quick Sheet](#)

**FOR AGENTS**

Enrollment period, consumers may only enroll in a plan or change their current plan if they experience a **Qualifying Life Event** that triggers a **Special Enrollment**.

"Cross the Finish Line" into enrollment, Covered California will allow Agents to assist consumers in completing special enrollment applications immediately so that the consumer can complete these applications from **February 1st to February 6th**.

During the Special Enrollment period, all of consumers during the Special Enrollment period will see a message on the Signature page requiring entry of a qualifying life event.

**If their application:**

Does the following life events or situations apply to you?" drop-down menu on the Signature page.

**Signature**

Print the form and sign (Electronic Signatures): Click "Submit" to send your completed application.

Covered California will accept the application regardless of the life event selected, we will use it for the Special Enrollment period.





- **CECs** must contact a Covered California Service Center to help consumers across the finish line
- Covered California Service Center Representatives will perform the final approval steps in the application process



# CROSS THE FINISH LINE

February 1 - 6, 2016



Service centers will be available to assist **Agents and CECs** and consumers with submitting applications

- Must be delegated or call with the Primary Contact

**Consumer Service Center Hours:**

- Saturday, January 30 - 8:00 a.m. to 6:00 p.m.
- Sunday, January 31 - 8:00 a.m. to 12:00 a.m.
- Saturday, February 6 - 8:00 a.m. to 6:00 p.m.

**Agent Service Center & CEC/PBE Helpline Hours:**

- Saturday, January 30 - 8:00 a.m. to 5:00 p.m.
- Sunday, January 31 - 8:00 a.m. to 5:00 p.m.
- Saturday, February 6 - 8:00 a.m. to 6:00 p.m.

# CROSS THE FINISH LINE

February 1 - 6, 2016



- After the February 6 deadline, ALL applications will require a **Qualifying Life Event** to be eligible for a **Special Enrollment**
- **Exceptions to Special Enrollment**
  - Special Enrollment does not apply to Medi-Cal applicants or to verified American Indians and Alaska Natives (AI/AN).
  - These consumers can apply for coverage anytime during the year.

# CROSS THE FINISH LINE

February 1 - 6, 2016



# IRS FORMS 1095



Health Care Form	Sent To	Sent By	What to Do With This Form
Form 1095-A, Health Insurance Marketplace Statement	Individuals who enrolled in health coverage for themselves or their family members through the Marketplace	Marketplace	This form provides information about your Marketplace Coverage
Form 1095-B, Health Coverage	Individuals who had health coverage for themselves or their family members that is not reported on Form 1095-A or Form 1095-C	Health Coverage Providers	This form provides information about your health coverage
Form 1095-C, Employer-Provided Health Insurance Offer and Coverage	Certain employees of applicable large employers	Applicable large employers – generally those with 50 or more full-time employees, including full-time equivalent employees	Form 1095-C provides information about the health coverage offered by your employer and, in some cases, about whether you enrolled in this coverage

# IRS FORMS

## 1095

Form 1095-A

Form 1095-B

Form 1095-C



# IRS and the U.S. Department of Labor: Revisiting the Affordable Care Act



## IRS FORM 1095-A

Webinar and Briefings  
Tool Kit



# Explain what the form is and what it means

Form **1095-A** | **Health Insurance Marketplace Statement** ☐ VOID ☐ CORRECTED | OMB No. 1545-2232  
Department of the Treasury | Information about Form 1095-A and its separate instructions is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a). | **2015**

**Part I Recipient Information**

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

**Part II Covered Individuals**

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage term
16				
17				
18				
19				
20				

**Part III Coverage Information**

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment premium tax credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 607230 Form **1095-A** (2015)



## IRS FORM 1095-A

- 2015 effectuated Covered California Health Plans
- Advanced Premium Tax Credits
- Serves as proof of Minimum Essential Coverage
- Use the info on this form to file your taxes with IRS Form 8962 or 8965
- Tool Kit



Explain to consumers why they are receiving the form now, and also that it is an important tax document



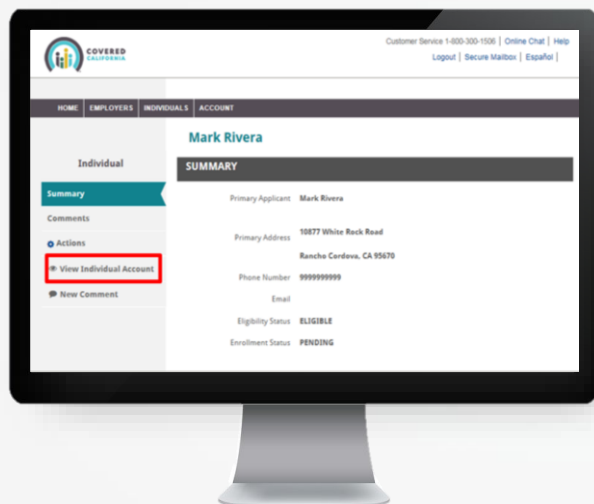
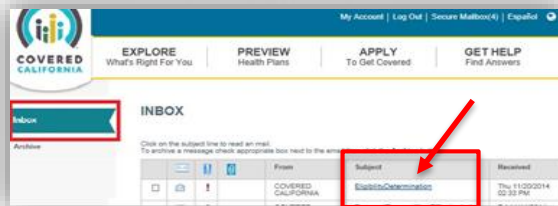
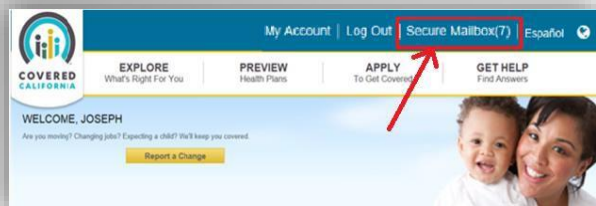
# IRS FORM 1095-A

- All 1095-A forms have been uploaded to consumer secure mailboxes
- A hard copy will be received in the consumer's mailbox within 14 days of January 31
- Reconcile APTC applied and/or claim premium tax credit
- Information provided in the Form 1095-A is also sent to the IRS





## Show consumers how to access Form 1095-A from their online account



# IRS FORM 1095-A

- Once logged in, click the Secure Mailbox link
- Click on the Subject link to view, download and print their Form 1095-A and CalNOD62 notice
- Agents and Counselors have access from the Consumer's Documents and Correspondence Page



# Explain how to review Form 1095-A for accuracy

## Part 1

# IRS FORM 1095-A

Prepopulated with:

- Recipient and policy information

Form **1095-A** Health Insurance Marketplace Statement ☐ VOID ☐ CORRECTED **2015**  
Department of the Treasury Internal Revenue Service Information about Form 1095-A and its separate instructions is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a).

**Part I Recipient Information**

1 Marketplace identifier	2 Marketplace assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

The specific identifier for the CA Marketplace

Number assigned by the CA Marketplace used to identify the policy. It is a combination of Plan ID and Subscriber ID.

Name of the insurance company that issued policy

Form **1095-A** Health Insurance Marketplace Statement ☐ VOID ☐ CORRECTED **2015**  
Department of the Treasury Internal Revenue Service Information about Form 1095-A and its separate instructions is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a).

**Part I Recipient Information**

1 Marketplace identifier	2 Marketplace assigned policy number	3 Policy issuer's name
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7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

The date the policy started

The date the policy ended



## Explain how to review Form 1095-A for accuracy

### Part 2

Part II Covered Individuals				
A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

First and Last name of covered individual

Social Security Number of covered individual

Date of Birth of covered individual

Date individual was added to the health insurance policy

Date individual was terminated from the health insurance policy

# IRS FORM 1095-A

Prepopulated with :

- Information regarding members of the coverage household



## Explain how to review Form 1095-A for accuracy

### Part 3

32 December			
33 Annual Totals			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 60703Q Form **1095-A** (2015)

Annual sum total of the individual monthly premiums of the policy

Annual sum total of the individual monthly premiums of the Second Lowest Cost Silver Plan premium

Annual sum total of the individual monthly Advance Payment of Premium Tax Credit

# IRS FORM 1095-A

Prepopulated with :

- Monthly Premium Amount, the Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) and the Monthly Advance Payment of the Premium Tax Credit (APTC), if any for each month of the coverage year
- If the household did not receive APTC for a month, the field will be blank



Ensure consumers are aware of the implication of not providing the information included on Form 1095-A on their taxes

Penalty for Tax Year 2015	
Per Adult	\$325
Per Child (under age 18)	\$162.50
Family Maximum (Using the above method)	\$975
Or a % of yearly household income above the tax filing threshold	2%

# IRS FORM 1095-A

- Tax Penalty for not having Minimum Essential Coverage
- Loss of APTC for 2016
- Exemptions available on [healthcare.gov](http://healthcare.gov)



## Help Consumers understand their next steps in APTC reconciliation

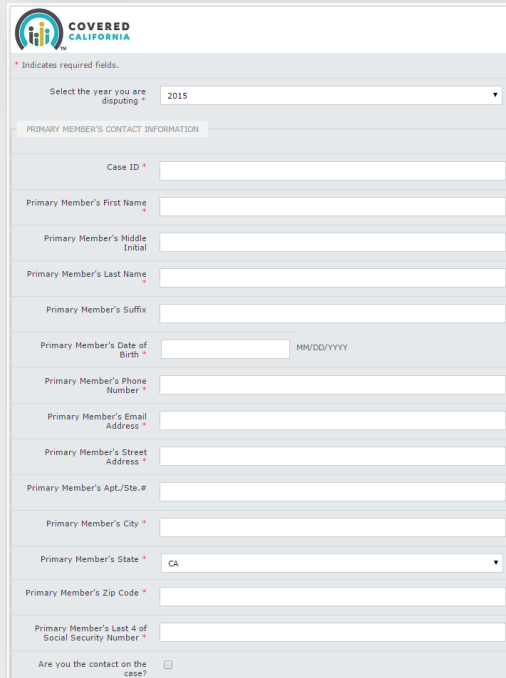


## IRS FORM 1095-A

- IRS determines the actual Premium Tax Credit based off the consumers projected household MAGI for the 2015 tax year and compares it to what was reported via the tax filing process
- Information from Form 1095-A used for IRS Form 8962
- Consumers will use IRS Form 8965 for exemptions
- Agents and CECs should not assist consumers with IRS Forms 8962 and 8965



Encourage consumers to submit the online 1095-A  
Dispute Form when needed



The screenshot shows the '1095-A Dispute Form' on the Covered California website. At the top left is the Covered California logo. Below it, a note states '\* Indicates required fields.' The form begins with a dropdown menu labeled 'Select the year you are disputing' with '2015' selected. A section header 'PRIMARY MEMBER'S CONTACT INFORMATION' is followed by several input fields: 'Case ID', 'Primary Member's First Name', 'Primary Member's Middle Initial', 'Primary Member's Last Name', 'Primary Member's Suffix', 'Primary Member's Date of Birth' (with a MM/DD/YYYY format hint), 'Primary Member's Phone Number', 'Primary Member's Email Address', 'Primary Member's Street Address', 'Primary Member's Apt./Ste.#', 'Primary Member's City', 'Primary Member's State' (a dropdown menu showing 'CA'), 'Primary Member's Zip Code', and 'Primary Member's Last 4 of Social Security Number'. The final question is 'Are you the contact on the case?' with an unchecked checkbox.

# IRS FORM 1095-A

Form 1095-A Dispute Form Process

- Visit CoveredCA.com
- Click on Members link
- Click on 1095-A Dispute form on the right side



# TAXPAYER IDENTIFICATION NUMBER REVIEW





**Social Security Numbers (SSNs)** are used to verify:

- Household income with the Franchise Tax Board
- Citizenship status with the Social Security Administration
  - Inconsistencies: may need to provide secondary proof of citizenship, such as a naturalization certificate number.
  - SSNs are not used to verify other types of immigration status.

**Individual Taxpayer Identification Numbers (ITINs)** are used to verify:

- Household income with the Franchise Tax Board

An ITIN is not an indication of immigration status

Applicants with ITINs, or without SSNs, may be lawfully present

# TAXPAYER IDENTIFICATION NUMBERS



# TAXPAYER IDENTIFICATION NUMBERS

*Applicants* seeking coverage for themselves

*Applicants* seeking coverage who have SSNs are required to provide them.

*Non-applicants* only seeking coverage for other members of their household.

*Non-applicants* are required to provide SSN or ITIN if:

- They are requesting APTC for members of their household



# QUESTIONS?

[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)



# THANK YOU!

[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)

